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7590

02/23/2004

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Jo Ann Honcik Dallara (Depositor's name)
[Signature] (Signature)
May 20, 2004 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/513,365 | 02/25/2000 | Curtis C. Harris | 15280-376100US | 7045 |

TITLE OF INVENTION: TUMOR SUPPRESSOR GENE P33ING2

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$0 | \$1330 | 05/24/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| NICKOL, GARY B | 1642 | 435-325000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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United States of America as represented by the Secretary of the Dept. of Health and Human Services Rockville, Maryland 20852

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☒ government

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(Authorized Signature) Beth L. Kelly (Date) May 20, 2004
Beth L. Kelly, Reg. 51,868

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01 FC:1501 1330.00 DA
02 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



| | | | |
|--|--|------------------------|-------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/513,365 |
| | | Filing Date | February 25, 2000 |
| | | First Named Inventor | Harris, Curtis C. |
| | | Art Unit | 1642 |
| | | Examiner Name | G. Nickol |
| Total Number of Pages in This Submission | | Attorney Docket Number | 015280-376100US |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input checked="" type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Issue Fee Transmittal; Fee Address Indication Form; Amendment After Allowance w/ formal and annotated drawings; Return Postcard |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual | Townsend and Townsend and Crew LLP Beth L. Kelly Reg. No. 51,868 |
| Signature | |
| Date | May 20, 2004 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Typed or printed name | Jo Ann Honcik Dallara | | |
| Signature | | Date | May 20, 2004 |